

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000002877

**Entity Name:** THE FLORIDA ENDOCRINE SOCIETY, INC.

**Current Principal Place of Business:**

4369 TAMIAMI TRAIL  
CHARLOTTE HARBOR, FL 33980

**Current Mailing Address:**

4369 TAMIAMI TRAIL  
CHARLOTTE HARBOR, FL 33980

**FEI Number:** 65-0237585

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

JANICK, JOHN JM.D.  
4369 TAMIAMI TRAIL  
CHARLOTTE HARBOR, FL 33980 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name JANICK, JOHN JM.D.  
Address 4369 TAMIAMI TRAIL  
City-State-Zip: CHARLOTTE HARBOR FL 33980

Title VP  
Name PACHECO, CARLOS AM.D.  
Address 635 MAITLAND AVENUE  
City-State-Zip: MAITLAND FL 32751

Title VP  
Name CONSTANT, ROBERT M.D.  
Address 1200 E. HILLCREST STREET, 2ND  
FLOOR  
City-State-Zip: ORLANDO FL 32803

Title ST  
Name GLICKMAN, PENNY MD  
Address 635 MAITLAND  
City-State-Zip: MAITLAND FL 32757

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN J. JANICK, M.D., F.A.C.P., F.A.C.E.

**PRESIDENT**

**01/17/2014**

Electronic Signature of Signing Officer/Director Detail

Date